

HEALTH STATEMENT

EACH QUESTION MUST BE CHECKED "YES" OR "NO." This health statement must be complete or the application will be returned. Inaccurate health information may result in the policy being cancelled retroactively. It is your responsibility to notify us of any health status change prior to approval.

Respond to the following questions:		YES	NO	Within the past 5 YEARS has any applicant been diagnosed with, treated for, or had any of the following conditions:		YES	NO
1	Have you, your spouse or any eligible child (whether or not proposed for insurance) missed her last menstrual period? Provide date of last menstrual cycle on the following page.			28	Irregular bleeding, abnormal Pap smears/test, or pelvic inflammatory disease?		
2	Are you or your spouse financially responsible for an unborn child, or anticipate adopting a child in the next 12 months?			29	Impotence, prostate or testicular disorder, or abnormal PSA?		
3	To the best of your knowledge, has anyone been denied health or life insurance or been issued a modified or rated policy?			30	Sexually transmitted diseases?		
Within the past 12 MONTHS has any applicant:		YES	NO	31	Foot or knee disorder?		
4	Consulted or received treatment from a doctor, chiropractor, counselor, therapist, or other health care provider, including routine & wellness care?			32	Fracture or dislocation?		
5	Have a condition, problem, or disorder for which they have not sought medical advice or treatment?			33	Chewed or smoked tobacco?		
6	Prescribed or taken any prescription or over-the-counter medication, drugs, or shots?			34	Unable to work or been unable to perform routine daily functions for more than 2 weeks (other than pregnancy)?		
Within the past 5 YEARS has any applicant been diagnosed with, treated for, or had any of the following conditions:		YES	NO	35	Advised to be hospitalized, have tests, consultation, evaluation, surgery, or use medications, <u>but has not done so</u> ?		
7	Physical, neurological, neuromuscular, or mental impairments?			Within the past 10 YEARS has any applicant been diagnosed with or treated for:		YES	NO
8	Migraines, head injury, epilepsy, seizures, or convulsions?			36	Alcohol use/abuse, advised to reduce/limit alcohol use, or attended Alcoholics Anonymous (or similar program) for their own alcohol consumption?		
9	Mental health counseling, psychotherapy, depression, stress, anxiety, mental health disorder, or chemical imbalance that required consultation or medication?			37	Ankylosing spondylitis, neuropathy, osteogenesis imperfecta, osteoporosis, herniated and/or ruptured disc's, spina bifida, kyphosis, scoliosis, spinal stenosis, spondylolisthesis, or spondylosis?		
10	Eyes, ears, nose, sinus, or throat disorder?			38	Crohn's, lupus, gout, arthritis, fibromyalgia, or scleroderma?		
11	RSV, reactive airway disease, lung, or any other respiratory system disorder?			39	Drug dependency, abuse, reaction, or misuse of prescribed or non-prescribed drugs such as opiates, stimulants, depressants, and/or hallucinogens?		
12	Allergies or hay fever?			40	Endometriosis?		
13	Acne, psoriasis, eczema, cysts, growths (except warts), abnormal moles, abnormal birthmarks, or any other skin disorder?			41	Hepatitis, colitis, colostomy, or ileostomy?		
14	Jaw disorder?			42	Hospitalization or surgery?		
15	Thyroid disorder, goiter, lymph node, or any other lymph system disorder?			43	Joint replacement?		
16	Breast lumps, breast augmentation, or breast reduction?			44	Stomach stapling, gastric bypass, or any surgical services for obesity?		
17	Chest pain, high blood pressure, high cholesterol, irregular heart beat, or any other heart condition?			45	Tuberculosis, asthma, sleep apnea, pleurisy, COPD, scardosis, or emphysema?		
18	Back, neck, spinal, or joint disorder?			Has any applicant EVER been diagnosed with or treated for:		YES	NO
19	Varicose veins, or any other circulatory disorder?			46	Bipolar, manic depression, schizophrenia, chronic organic brain syndrome, or psychotic disorder?		
20	Hemophilia, anemia, blood or bleeding disorder?			47	Birth defect, development or learning disability, mental impairment, Down syndrome, or autism?		
21	Connective tissue disorder?			48	Cancer (including skin cancer) or tumors?		
22	Obesity, bulimia, anorexia, or any other eating disorder?			49	Cirrhosis or hepatitis?		
23	Hemorrhoids, polyps, or any other rectal disorder?			50	Diabetes, type I and II?		
24	Kidney stones, jaundice, nephritis, or any other disorder of the liver, kidneys, or pancreas?			51	Heart murmur, heart attack, bypass, blood clot, stroke, or coronary artery disease?		
25	Fertility evaluation or treatment (including medication), is infertile, miscarriage, complications related to pregnancy, or any other disorder of the reproductive system?			52	Immune system diseases, human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), or AIDS related complex (ARC)?		
26	Ulcers, hernias, chronic diarrhea, diverticulitis, diverticulosis, irritable bowl syndrome, reflux, GERD, or any other gallbladder or digestive disorder?			53	Multiple sclerosis, muscular dystrophy, cerebral palsy, Lou Gehrig's, Parkinson's, Alzheimer's, or dementia?		
27	Bladder or urinary disorder, or incontinence?						

IF ANY OF THE ABOVE CONDITIONS OR QUESTIONS ARE CHECKED "YES" EXPLAIN IN THE SPACE PROVIDED ON THE FOLLOWING PAGE.